



ARIZONA STATE SENATE
Fifty-Third Legislature, Second Regular Session

FACT SHEET FOR S.B. 1394

DHS; reporting; abortions

Purpose

Outlines information that must be reported to the Department of Health Services (DHS) by a hospital or facility where abortions are performed. Adds informed consent report data to the annual statistical analysis report prepared by DHS.

Background

Currently, hospitals and facilities where abortions are performed must submit a report to DHS regarding each abortion performed in a hospital or facility. The report cannot identify the individual patient by name and must include the following information: 1) the name and address of the facility where the abortion was performed; 2) the type of facility; 3) the country of the facility; 4) the woman's age; 5) the highest level of education completed by the woman; 6) the woman's county and state of residence; 7) the woman's race and ethnicity; 8) the woman's marital status; 9) the number of prior pregnancies and prior abortions; 10) the number of previous miscarriages; 11) the gestational age of the child at time of abortion; and 12) the reason for abortion, including whether it was elective or due to maternal or fetal health considerations. Additionally, the facility must record any preexisting medical conditions of the woman that would complicate pregnancy, the type of procedure performed and any known medical complications that resulted from the abortion ([ARS § 36-2161](#)).

DHS collects all abortion reports and complication reports which are not public records and are not available for public inspection. Using those reports, DHS prepares a comprehensive annual statistical report which is public record ([ARS § 36-2161](#)).

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

1. Adds that a report must indicate at least one reason for the woman seeking the abortion, including at least one the following:
 - a) economic reasons;
 - b) the woman doesn't want children;
 - c) the woman's emotional health or physical health is at stake;
 - d) the woman will suffer impairment of a major bodily function if the pregnancy continues;
 - e) the pregnancy was the result of rape or incest;
 - f) the pregnancy resulted in fetal anomalies; or
 - g) relationship issues.

2. Adds that a report must indicate any known medical complication that resulted from the abortion, including at least one of the following:
 - a) shock;
 - b) uterine perforation;
 - c) cervical laceration requiring suture or repair;
 - d) heavy bleeding or hemorrhage with estimated blood loss of at least 500 cubic centimeters;
 - e) aspiration or allergic response;
 - f) post procedure infection;
 - g) sepsis;
 - h) incomplete abortion retaining part of the fetus requiring re-evacuation;
 - i) damage to the uterus;
 - j) failed termination of pregnancy; or
 - k) death of the patient.
3. Requires that the report indicate all of the following information:
 - a) specialty of the physician performing the abortion;
 - b) whether the abortion was outpatient or inpatient;
 - c) the type of facility in which the abortion was performed; and
 - d) whether anesthesia was administered to the mother or the unborn child.
4. Establishes that a physician who is required to provide informed consent information regarding abortions, or performs fetal ultrasound imaging and auscultation of fetal heart tone services, or their delegated qualified licensed health professional, must report the following information to DHS:
 - a) the number of women the physician provided informed consent information to in the capacity of a referring physician and in the capacity of a physician who performed an abortion;
 - b) the number of women the physician, physician assistant, nurse, psychologist, or licensed behavioral health professional provided informed consent information to in the capacity of a referring physician and in the capacity of a physician who performed an abortion;
 - c) the number of fetal ultrasound imaging and auscultation of fetal heart tone services performed by the physician or their qualified delegate in the capacity of a referring physician and in the capacity of a physician who performed an abortion; and
 - d) the number of abortions performed by a physician where required informed consent information could not be provided at least 24 hours before the abortion due to specified medical emergencies.
5. Requires that the report be signed by the physician who provided the woman informed consent information, or delegated the duty to an authorized individual, and provides that the form may be signed electronically.
6. Requires that the signing physician attest that the information provided in an informed consent report is correct.

7. Requires that informed consent reports be filed electronically on a website designated by DHS, unless the person submitting the report applies for a waiver from the electronic filing requirement by submitting a written request to DHS.
8. Directs DHS to collect informed consent reports and adds informed consent report data to the comprehensive annual statistical report prepared by DHS.
9. Requires that the annual statistical report include the following information:
 - a) a breakdown by month of the specified reasons for the abortions and the number of abortions performed at each hospital and facility;
 - b) the total number of abortions paid for partially or fully with state monies through the Arizona Health Care Cost Containment System;
 - c) the total amount of state monies used to pay for the abortions and any related incidental expenses; and
 - d) the total number of abortions paid for with state monies and performed out of state.
10. Prohibits reports submitted to DHS regarding abortions performed in a hospital or facility from including any information or identifiers that would make it possible to identify a woman who has obtained or sought an abortion.
11. Requires that DHS confidentially maintain the information included in submitted abortion, informed consent and complications reports.
12. Makes technical and conforming changes.
13. Becomes effective on January 1, 2019.

Prepared by Senate Research

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